444 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(19)
7 1	County Domer set p 7	Registration Dist. No. 464
item of should of OCC	Village or City Rengston Roth (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
200 +		ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME William Parke	rBarnes
	(a) Residence: No. / Vinaston R.J. A.	St., Ward.  If nonresident give city or town and State
CORD. Ever PHYSICIAN Ict statemen	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r re y. Exa	3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month  (Oay)  (Year)
T L ied.	5a. If married, widowed, or divorced	
A A SS	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) July 13-1933	I last saw h alive on 19 ; death is said
PI d H erly cate	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4m.
IS A PE stated E properly certificate.	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:  Oate of one et
he si be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Taite forthe
	F/12	from Over Leelling
NK—T should it may n back	9! Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	12 p. 1 Us , 1
H 22 40	10. Data deceased last worked at this occupation (month and year) spant in this occupation occupation	No Physice an in
H UNFADING I supplied. AGE in terms, so that See instructions		Othar Contributory Causes of importanca:
d. d. , se	12. BIRTHPLACE (city or town) (State or couptry) (State or couptry)	
TH UNFA y supplied ain terms, See instri	13. NAME Glen Bornes	
Sup n te	14. BIRTHPLACE (city or town). Princess Chine	Nama of oparation Oate of
T la	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME DOYDENY MOOTE	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19
VLY, We careful ATH in aportant	16. BIRTHPLACE (city or town) Semgatoro 711d	Where did injury occur?
	17. INFORMANT Magge & mith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Kingston Date July 6, 1933	Nature of injury
-WRITH mation s CAUSE TION is	19. UNDERTAKER Vernon Stevenson	24. Was diseasa or injury in any way related to occupation of deceased?
E D I	(Address) Pocomore ma	If so, specify A Company of the Social
ż	20. FILEO My 15, 1988 J.E. Diekinson	(Signed)
	Registrar.	(Address) My Lun O'Mo Wate

JARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1,000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUILBAU V. S.	1		
Other contributory causes of importance:	Jan San San San San San San San San San S	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state of OCCUPA.

STATE OF M.	ARYLAND—	CERTIFICATE OF DE	ATH ()741()
1. PLACE OF DEATH		119	-16
County Sources		Registratio	on Dist. No. 26
Village or City Maccel	1111	No	St., Ward
Length of residence in city or town where death occurr	() edmos	f death occurred in a hospital or institution, give its NA,  ds. How long in U.S. If of foreign birth?	ME instead of street and number)
2. FULL NAME Parviu	12. /	distributions in 0.5.11 of foreign billing.	yrsas. mosas.
	Julian		
(a) Residence: No	I place of abode)	VO.St., Ward.	ent give city or town and State
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICAT	
	, MARRIED, WIDOWED,	21. DATE OF DEATH	n ele
Male Colored or six	ORCED (write the word)	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. HEREBY CERTI	FY. That I attended deceased from
S DATE OF DIDTH ( TOTAL )	107933	Library Land Control of the Control	7 4 25
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day	ys I If LESS than	to have occurred on the date stated above, at	death Is said
2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ca	uses of importance
8. Trade, profession, or particular	l ormin.	were as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		On Die on the	3 - 4
9. Industry or business in which		The state of the s	8-564
work was done, as SILK MILL, SAW MILL, BANK, etc			
O Date deceased last worked at this occupation (month and year)	Total time (years) spant in this occupation		***************************************
enna ·	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2. 1110	P	
122	0,	Jack of Jours	seguat
E ,	made	- Mal hut	ulise
4 14. BIRTHPLACE (city or town)/// State or country)	7700	Name of operation	Date of
15. MAIOEN NAME Mary Rok	2	What test confirmed diagnosis?	
E Company	auston	23. If death was due to external causes (VIOLENCE)	
O 16. BIRTHPLACE (city or town) (State or country)	mb.	Accident, suicide, or homicide?	Date of Injury, 19
17 INFORMANT P. F. F.	17 to 200	(Specify city	or town, county and State)
(Address)	mo	Specify whether Injury occurred in INDUSTRY, In H	IOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	14	Manner of Injury	
Place Plucou //// Date	toly 81, 1933	Nature of Injury	
19. UNDERTAKER Socies Comments	Ö	24. Was disease or injury in any way related to occu	postion of deceased?
(Address) March, m		If so, specify	1 15000
20, FILED July 8 1933 (Mars)	Brett	(Signed)	My tufne M.D.
	Registrar.	(Address)	mule/my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Somerset	Registration Dist. No260
Village or City Preserve areas	N.
Village of only	
Length of residence in city or fown where death occurredyrs	mosds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME heletus N. Ca	mon
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	fuly > 3 193 3
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	
(or) WIFE of Imolia H. Mc + Cann	22. HEREBY CERTIFY, That I attended deceased from
101 6 18 VO	1953,10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS tha	I law saw had alive on 9, 193.5; death is said
(1) ( 1) 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular 9 1 1	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Petures Aucha. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and control of the companion (month and control of the companion of the control of the companion of the control of the companion of the control of t	ut Chrowe Vephretes 10 ms
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
apartin this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Delaware	
14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Carch Lungy	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes May Churches (Address) Pres perhap Charge Mes	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & assure Date July 23, 199	Nature of injury
19. UNDERTAKER PM greet	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) D. ann	If so, specify
20. FILED July 24 19 3 3 J Juntle Registrat.	(Signed) (Address) (Address) (Address)
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	TD1	
Date of ouser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroentcritis	1 year
	1921 Iuly 5,1927	1915 Attack of epilepsy 1921 Run over by street car Vuly 5,1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07412
1. PLACE OF DEATH	
County ( ) omerset	Registration Dist. No. 270
Village or City Cristill Me lies	do themond Hospital Ward
Clf	death occurred in a hospital or institution, give its NAME (instead of street and number)
Length of residence in orty or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Viry abell fame I'h	arnock
(a) Residence: No. / angula ra	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR, OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 8 193 3
5a. If married, widowed, or divorced	(Mopth) (Day) (Yeer)
HUSBAND of (or) WIFE of	22) HEREBY CERTIFY, Thet I attended deceased from
	Jaley 8 1933, to parly 8 1933
6. DATE OF BIRTH (month, day, and year) 8-25-1926	I last saw here alive on puly 8 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et//. 2) 7.m.
6 10 13 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	acul del 7 part Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7,3
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Tanquir	Other Contributory Canses of importence:
(State or country)	ween son your
13. NAME John Charnock	
13. NAME John Chatnocky 14. BIRTHPLACE (city or town) Jangin	Name of operation Date of
(State or country)	What test confirmed diagnosis Africal fuelting wes there an autopsy? N.B.
15. MAIDEN NAME Ester Coofier	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ester Cooper	Accident, suicide, or homicide acceled Date of injury 17 8, 19 33
(State or country)	Where did injury occur? Tenents On .
17. INFORMANT Cstu Charnock	Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jangen Va	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Muelly alleg Cheery
Place Mague Mu Date Muy 0,1933	Nature of injury Fresh Shull
19. UNDERTAKER A MA A Oroastan	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Curfuld ord	If so, specify
20. FILED / My 10,933 CE Collin	¿ (Signed) Therepally outling. M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 71. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Nagara and Sala	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

N. B.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07413
1. PLACE OF DEATH	
County Somerset	Registration Dist. No. 2
Village or City Cruopuelo mo R.D	No. St., Ward
Length of residence In city or town where death occurred \$2 yrs 6 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Yellione James &	ocellness
(a) Residence: No. Qualuela RD m	O St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 7. OR DIVORCED (write the word) 7. Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of May C Coullrus.	22. I HEREBY CERTIFY. That I attended deceased from  January 1933, to June 30, 1933.
6. DATE OF BIRTH (month, day, and year) Law 15 1850	Hast saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of onsot Date of onsot Series 21 5
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc  10. Oate deceased last worked at this occuration from this common than the common than the common than the common to the common than the common th	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 22 & (State or country)	Other Contributory Canses of Importance:
1 7 - 10	anno mondello
13. NAME Miliam Coullium.  14. BIRTHPLACE (city or town) Pn. Q.	Name of operation. Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sasah Willows  16. BIRTHPLACE (city or town) 272. 2.:  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the fotlowing:
16. BIRTHPLACE (city or town) 272 & (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Jusi Yen A Coullour.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL Place of Pauls Come legy Date aug / 1933	Manner of injury
19. UNOERTAKER 2. D. Sawages	24. Was disease or Injury In any way related to occupation of daceased?  If so, specify
20. FILED Justy 31., 19 33 lo & Callins Registrar.	(Signed) Carego Carlousa M. D. (Address) warms and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating—the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

~ //	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•	
7 7 2 2	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	L SPACE FOR FU	URTHER STATEME	NTS BY PHYSICIA	N

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH Registration Dist. No. 260 pluoda item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every SICIANS How long In U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred \_\_ statement 2. FULL NAME RECORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) BINDING 5a, If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Monins If LESS than to have occurred on the date stated above, et \_\_\_\_\_\_m FOR I day, ..... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, NO RESERVED of SAWYER, BODKKEEPER, etc. OCCUPAT Industry or business in which back may should work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked et 11. Total time (years) spent in this this occupation (month end that occupation ... instructions Other Contributory Causes of Importance: ARGIN 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation \_\_\_ plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ HER im portant. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill In also the following: E MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury -WRITE CAUSE mation Nature of Injury\_\_\_\_ LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193 (Year)

Date of onset

Date of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Jesses Co.	Registration Dist. No. 260
Length of residence in city or town where death occurred. Clys I the 2. FULL NAME Selection December 19	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)  os. How long in U.S. if of foreign blrth?yrsmosds
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Nov. 8th 1913	I last saw h. & C. aliva on Ofice 209, 1983; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	al. Luberculere ter
kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc  SIndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spant in this	
year) O O O O O O O O O O O O O O O O O O O	Other Coutributory Causes of importance:
13. NAME Lities Hawyard.	
13. NAME Lites Hawyard.  14. BIRTHPLACE (city or town) MA (Stata or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Addrass)  Addrass	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Lucy Wood Cary Data 7 2 4 , 1933	Manner of Injury
19. UNDERTAKER William January (Address) Programme 20. FILED July 30, 1933 J. Junth	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3512 A	, , ,	<b>_</b>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	9 07416
Village or City Polosu one City West	(1246) Registration Dist. No. 262
Langth of racidance in situ or town where death assured	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mo	ds. How long in U.S. If of foreign birth? yrs. mos. d
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color ED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 16 16 193 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. SHERRY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is sai
7. AGE Years Phonths Days If LESS than 1 day,hrs. orhrs.	mete as fullows.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	PREMATURE Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occuration (month and	HATORE GOEFUS
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pocosus de City MD RD  (State or country)	Other Coutributory Causes of importance:
13. NAME NAME  14. BIRTHPLACE (city or town) OSOLUMB City (Ling)	NONE KNOWN
14. BIRTHPLACE (city or town Ocolor the lie, les le	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME - ala M. Long.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANTE PROOD JAS DICKERSOM (Address) POESterolea Cit. Her (RD)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Filey Chapel Oate July 17, 19	Manner of Injury
19. UNDERTAKER Elisted Dickerson	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Dolg 17, 1933 Samuel Scath	(Signed) 1 22 402 M. I.  (Address) Pacourable City, Med
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week age
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

O ADDITIONAL SPA	CE FOR FURTHER STATEMENTS	BY PHYSICIAN
See with certificate	CE FOR FURTHER STATEMENTS	their and Istheir namo.
	1	//
		· ·

FOR BINDING

MARGIN RESERVED

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	417
1. PLACE OF DEATH	/	(20)	X 1, #
County Ongles	<i></i>	Registration Dist. No. 26	. 0
Village or City	rel	NoSt.,_	Ward
Length of residence In city or town where death o		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Deve	+500 66	7 - 11.	
(a) Residence: No.		St. Ward.	
	Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH 3/ (Month) (Day)	193_3
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attend	ed deceased from
(or) WIFE of			
6. DATE OF BIRTH (month, day, and year)	2 1930	I last saw h alive on, 19	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2,000, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER.	10		- AD
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Nyoundy; cotambal.	Ton
work was done, as SILK MILL, SAW MILL, BANK, etc.		ecution?	6
10 Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		011
year)	occupation	Other Contributory Causes of importance:	horas
12. BIRTHPLACE (city or town) (State or country)	ryland		(
13. NAME Leo, M.	oksey		
13. NAME Se	Lovert	Name of operation Date of	
(State of Country)	narylone	What test confirmed diagnosis? Was there a	n autopsy?
I 15. MAIDEN NAME Haughe	lackalory	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
15. MAIDEN NAME State of 16. BIRTHPLACE (city or town)	reolse tuty	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT SLOPE OF CADDRESS AND STATE OF CADDRESS	olsey	Where did injury occur?  (Specify eity or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	a com,	Manner of injury	
Olliaco Love Levez Dal	elug / -, 193	Nature of injury	
19. UNDERTAKER Q A STATE (Address)	Levered British	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED July 31 , 1933 9 4	mel	(Signed)	M. D.
I move blanke	Registrar.	(Address) J. J. C. J. C. J. L. 2411 N. Chalef Street, Baltimore, Requesting V. S. No. 1.	-
.0	.,	Company seminary Medianing of or 110. 1.	

V. S. No. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

RESERVED FOR BINDING

MARGIN

V. S. Mo. 1

1. PLACE OF DEATH  County Somewest WITHIN CORPO	RATE LIMITS OF Registration Dist. No. 763
Village or City Orisfield had.	No
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mesley Grays	
	E, St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21, DATE OF DEATH
While White Single	(Month) (Oay) (Year)
HUSBAND of	22 I HEREBY CERTIFY, That Lattended deceased fr
(or) WIFE of Jeft 21 1979 none	Muy of 4 1933 to July 12 193
DATE OF BIRTH (month, day, and year) Sept 21 1879	I last saw had alive on Quel 11 1933; death is s
AGE Years Months Days   If LESS than	to have occurred on the date stated above, atm.
53 9 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of on
kind of work done, as SPINNER, Walerman	Milral prosufficience 193
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Mth 11. Total time (years) spant in this	/
this occupation (month and 1933 spant in this Cife	
7. 1.00	Other Contributor Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	July !
13. NAME Cessie B. Evans	1
0.0.00	Name of according
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy? Was there an autopsy? Date of
15. MAIOEN NAME Elimbeth Storner	23. If death was due to external causes (VIOLENCE) fill in also the following:
0.000	Accident, suicide, or homicide? Oate of Injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMANT John H. Byrd (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Crifield Cempate July 14, 1933	Nature of injury
9. UNDERTAKER John a Brodelsheyer	24. Was disease or injury in any way related to occupation of deceased?
(Mulicase)	If so, specify (Signed)  M  M  M  M  M  M  M  M  M  M  M  M  M

07110

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	211	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH		9	0/1
County Symense		Registra	tion Dist. No. 26
Village or City Masseum	coro	No	St.,Ward
Length of residence in city or town where dea		death occurred in a hospital or institution, give its N	
2. FULL NAME Inselle	. 9.00		
	in a Gi D	man Ward	
(a) Residence: No.	(Usual place of abode)	Ward. If nonres	ident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-11
Just Cal.	Quela	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERT	IFY, That I attended deceased from
(or) WIFE of		July 23 , 1937, to	
6. DATE OF BIRTH (month, day, and year)	-14.1931		Q-3 , 19 33 ; death is sald
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at	
1 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,		acut De DX	Date of onset
SAWYER, BOOKKEEPER, etc.	Jack.	Burnola Gree	unis.
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.			
10. Date deceased last worked at	11. Total time (yeers)		
this occupation (month and year)	spent in this occupetion		
12. BIRTHPLACE (city or town) - 9 A		Other Contributory Causes of importance:	
(Stete or country)	)	Whenhay Cough	
II 13. NAME Tarney	tale,	- Harry	A
13. NAME Januel S		Name of operation	Date of
(State or country)		What test confirmed diagnosis?	
15. MAIDEN NAME Seculoh.  16. BIRTHPLACE (city or town) MA  (State or country)	Corber	23. If death was due to externel causes (VIOLENC	
6 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	
∑ (State or country)	0 0	Where did injury occur?	ity or town, county and State)
17. INFORMANT Durinel	Zalle	Specify whether Injury occurred in INDUSTRY, i	in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL STEMATION, OR REMOVAL	go do ma		
Place Assures MS	Date 7/2/4, 1933	Manner of Injury	
Gealle of	( shurase)	24. Was disease or injury in any way related to d	
19. UNDERTAKER ASSOCIATION (Address)	or nod	If so, specify	occupation of deceased?
20 FUED 7/24 Classed	1/2 to 100 m	(Signed) Loryn CC	oulling M. D
20. FILED	Registrar.	(Address)	a ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	\$40 EXECUTE 1100	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	EURBAU			
Other contributory causes of	importance:	40719	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	1
	tem of	plnous	of occ	1
	V. B WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
)	ECORD	PHYS	xact sta	
	NENT R	CTLY.	ified. E	
	PERMA	EXA	ly class	ate.
	SISA	stated	proper	certifica
	THIS	ould be	may be	back of
	NG INE	AGE sh	that it	ions on
	INFADI	pplied.	erms, so	TION is very important. See instructions on back of certificate.
1	WITH U	fully suj	n plain t	nt. See
	INLY, 1	be care	EATH in	importa
	TE PLA	plnods	E OF D	is very
	-WRIT	mation	CAUS	TION
	N. B.	1		1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Somessel	Registration Dist. No. 200
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 1004. Henry yall	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I/HEREBY CERTIFY, That attended deceased from
(or) HIFE or YMOUTHOUT / FORK	4 1 19 33 to July 4 19 33
6. DATE OF BIRTH (month, day, and year)	I last when alive on uly 54 719 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 200 m.
58 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Chronic Inter. Mephretis 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this organization (month and	7
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this 25400 occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME NOUT. Hall	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOUISE Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LOUISE Hall 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sucrttee & Hall (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cally 1. 19.33	Manner of injury
19. UNDERTAKER Was Jagues (Address)  (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7 - 6 , 19 33 ] Autilla Resirar.	(Signed) Clar 9 Marksman, D. (Address) Princes America
If more blanks are maded address State Parish	27 Cl 1 Ct 1 P 11 P 1 G1 C 27

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be caref	CAUSE OF DEATH IN	TION is very importar

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
County Douglesse	Registration Dist. No. 26
Village or City Rungston	NoSt Ward
Length of residence in city or town where death occurred 80 yrs. 5 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	oqual
(a) Residence: No. Kung MW (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mole White Devorced	July 29- 193 3
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO OF Magge & Horgana	22. I HEREBY CERTIFY, That I attended deceased from
119:00/01853	may 1, 1988, 10 July 29, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw handle aliva on 19 3 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 500 P.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROCKEEPER at	Ceul Del ) Neart-
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Data december of worked at this occupation (month and this occupation (month and this occupation) (month and this	
Data deceased last worked at this occupation (month and 193 / 11. Total time (years) spent in this	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Somewest toy	Ciscusoma D Bate
(Stata or country) flaryland	melection of Close
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) Squelisetto	Nama of operation 2000 Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SEE SEE SEE SEE SEE SEE SEE SEE SEE S	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) The set	Accident, suicide, or homicide?
2 (State or gountry) Wyeryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Q AT THE COLOR OF	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BONSK CREMATION OF BEMOVE	Manner of injury
Place Pulgston Me oate gray 3/, 1933	Nature of Injury
19. UNDERTAKER BRUSH PS TEVELSON	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Could's lety Old	If so, specify
20. FILED. 7/3/ 1933 Querelia 19. Fairson	(Signed) Serry Doulhum . M. D.
Registrar.	(Address) musion mg
If more blanks are needed address State Parish	N Cl. 1 C D.L. D. G. O. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

B. No.

LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis (ED)	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Me de	1	74	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

 	· · · · · · · · · · · · · · · · · · ·	
		_+

V. S. No. 1

SI-	PLACE OF DEATH	STATE OF MARYLAND	
EX	County Smuset	CERTIFICATE OF DEATH	
ed.		Registration Dist. No. 2.75	
ted EXACTLY perly classificate.	Village or City Cusfield (No. Me (read 2FULL NAME LEO Holland	y Mumbras HOSt.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
d be st y be pr ack of	3 SEX  4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH   U/y 2 , 1923 (Month) (Day) (Year)	
ehou t It m s on	6 DATE OF BIRTH  May  (Mogh)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1923: to 1923: that I last saw by alive on 192, 192	
ms so that	7 AGE  3 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at	
ery item of information should be carefully suppIANS should state CAUSE OF DEATH in plain teratement of OCCUPATION is very important. See I	a) OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Rumply  My  (Address)	(Duration) yrs. mos. ds.  Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) yrs. mos. ds.  (Signed) yrs. mos. ds.  (Signed) yrs. mos. ds.  (Signed) yrs. mos. ds.  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Faltmount Communication.	
I. B.—Eve	Filed July 3 1933 Whall Registrar	John a Brodstan Confield may	
Z	/ If more branks are needed, address State Registrar	76 W. Saratoga St., Balto., Requesting V. S. No. 1.	

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Fairmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more precise specification as Doy borer, Form laborer, Laborer—Cool mine, etc. Womwher, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Stationory fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

Lobar pneumonia, Bronchopneumonia ("Pneumonia,

tetanus) may be stated under the head of "contributory," or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid intercurrent) Chronicand consequences (e. g., sepsis etc. The contributory valvular heart disease; affection need " Shock, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

LION

BINDING

RESERVED

IARGIN

S. No.

JO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	11		

07425

I PLACE OF DEATH	(158)
County Comment.	Registration Dist. No. 26 a
Village or City Herr Pr Clum m	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME	nls
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 /4 10.00	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated ebove, atm.
orrain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	9
SAWYER, BOOKKEEPER, etc.	Dom- Sign, Ka Di
work was done, as SILK MILL.	in alluxons, child
SAW MILL, BANK, etc	level only a homo
this occupation (month and spent in this occupation occupation	afin texch
Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Pars ( 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Draw Ferring  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
11 1110000000 11-1	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in the bostki, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Svels Hear Date July 17 1933	
1 8	Nature of injury
19. UNDERTAKER POCKETY	24. Was disease or injury in any way related to occupation of deceased?
(Address)   1530 Common	If so, specify
20. FILED fally 17, 1933 4 January	(Signed) Town Ad-in alles amongo.
Registrar.	(Addfss) Anna Deasy In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	ECEIVED	July 5,1927	Peritonitis	3 days ago
	AGG 7 1933			
Other contributory causes of importance:  Gallstones		May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
1	- con			

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
----------------------	--------------------	----	-----------

statement of

V. S. No. 1

PHYSI-d. Exact

PLACE OF DEATH

	County Omerset	
Vil	Hago or City Cusfield (No. Mc Cue 2FULL NAME Elsie Fandon	a
-	PERSONAL AND STATISTICAL PARTICULARS	
3 5	SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED MIDOWED.  OR DIVORCED (Write the word)	16
6 1	DATE OF BIRTH  A CALL  (Month) (Day) (Year)	1'
7 /	AGE // yrs. 3 mos. /2 ds. or min.?	an Ti
O P O D V	a) Trade, profession or Songal Sarticular kind of work b) General nature of industry susiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  AMQUI	
	10 NAME OF FATHER Charles Jandon	(S
RENTS	11 BIRTHPLACE OF FATHER (State or country)  Angua	1
PARE	12 MAIDEN NAME Aona Parlso	18
	13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At of W
(Informant) Ato Phas Fundam		
	(Address) Langer Fa	
15	Filed July 10 1933 E Ecollins Registrar	20

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and Ward)

number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	9 , 1923'3
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	
July 1923. to Jul	7 8. , 19233,
that I last saw h And alive on July	P 1923,
and that death occurred on the date stated	above, at A.m.
The CAUSE OF DEATH * was as follows:	######################################
***************************************	
(Duration)  Contributory Secondary  Secondary  Signed)  *State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	mos de.  M. D.  or, in deaths from
18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
At place of death	des July 9, 830
Where was disease contracted, Jany u	w Va
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL
20 ANDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more previous control without more, Laborer, Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07427
1. PLACE OF DEATH	1500
County Somewat.	Registration Dist. No. 76
Village or City Shellfoun md	N.
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,/mos.	. 27 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & OLD MUSEL one &	usid
(a) Residence: No. Shellhim my	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Mueste	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	July 16 ,19 33 to July 16: 1933
6. DATE OF BIRTH (month, day, and year) may 25 1981	I last saw h. aliva on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6 3 4 m.
2 - 1 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Paliet dead on my annal.
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Pubally
SAW MILL, BANK, etc	Cold. Bromales Presenta.
this occupation (month and year) occupation occupation	
50	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Crugated Heart Lean
T O O O O O O O O O O O O O O O O O O O	
4 14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Planch Long.	23. If death wes due to axternal causas (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
00	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Claseuse one formisl	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION OR REMOVAL	Manage of injury
Place Paper & Counter & 1/17, 1033	Nature of injury
Manual I H	
19. UNDERTAKER (Address) Total Policy Park	24. Was disease or Injury in any way ralated to occupation of deceased?
2/12 22 1 : 16/1	If so, specify (Signed Leongs Quelly M. D.
20. FILED 1933 Gurella & Tourts	(Signed) very Successful M.D.

Registrar.

(Address) marinon ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y	. 3. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1 B. should state

1. PLACE OF DEATH	07428
County Soroeurset	Registration Dist. No. 260
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street end number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( gil Miles	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. if married, widowed or divorced	(1001)
HUSBAND of (or) WIFE of Sarah Miles	22. THEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	last saw h. I. We elive on
7. AGE Years Months Days if LESS than	to have occurred on the dete stated above, at 2000 _m.
28 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of one of the state of the
SAWYER, BOOKKEEPER, etc.	Jeffus Fever 121/3
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupetion (month end / 938) spent in this occupetion	
12. BIRTHPLACE (city or town) grade set to get the	Other Contributory Causes of importance:
The state of the s	-
I 13. NAME VICEORIA VICEORIA	
13. NAME UCLOSED WILLIAM 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Of lege Melboury	23. If death wes due to externel causes (VIQLENCE) fill'In also the following:
15. MAIDEN NAME OF MELLEN OF THE STATE OF TH	Accident, suicide, or homicide?
X (State or country) Meanyland	Where did injury occur?
17. INFORMANT Sarafamilia frances france	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Stylia Dele July 31, 193	Neture of injury
19. UNDERTAKER Bollard By (Apoless) Promote Charles	24. Wes disease or injury in any wey related to occupetion of deceased?CL
20. FILED Wel 74 1933 1 Vm	(Signed) Stage of Mullelly M. D
Registrar.	(Address) (f. Azurent Ciffent
If mor blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A ROZSAU TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07429
1. PLACE OF DEATH	93.00
County Syssesset -	Registration Dist. No. 6
Village or City Cours House	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Junes Ols	lows
(a) Residence: No. (	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Sex OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1875	I last saw h My alive on 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs  ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	1 all selling all
A Industry or business in which work was done as SUK MILL	Charles Allers
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this coccupation (month and year)	4
year) occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	4
(State or country)	- Mocardial 3
13. NAME	Failel \
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specifycity or town, county and State)
17. INFORMANT CARAGORIA GARAGORIA GA	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? ALC
20. FILED Solly U. 1933. Stephen O. Honkin	(Signed) See State Com D
Registrar.  If more blanks are needed, addless State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
80888			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	(82-0)
County Domerat	Registration Dist. No. 2 65
Village or City Crisfield, Mid	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Lauren Jumell	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORGED (write the word	
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Or Purell	22. HEREBY CERTIFY, That I attended decaased fr
(or) hire or	July 2 2 19 to Trel, 25 193
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on July 27 1, 193 ; death is s
7. AGE Years Months Days If LESS tha	
about 60	were a follower:
9 Trade profession or posticular	Cerebral hemorles and
kind of work done, as SPINNER, Hause work	14/3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Claux 11. Total time (years) hun	
SAW MILL, BANK, etc	10
this occupation (month and 1915 spent in this year)	
In! 17.10	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Turnsunt (State or country)	
13. NAME	
	Annua 6 - andra
(State or country)	Name of operation
15. MAIDEN NAME Caroline Parky	What test confirmed diagnosis? Was there an autopsy?
To XX.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Farmount, Med	Accident, suicide, or homicide?
alori I visel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	Specify whether injury occurred in INDUSTRI, in HUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / 30	Manner of Injury
Place Transona (Ren Dato Feely 22, 195	Natura of Injury
19 UNDERTAKER She a Brothshav	24. Was disease or injury in any way related to occupation of deceased? No.
(Address) Crispiel mul	If so, specify A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
on such as was los hare	(Signed) / O artiley/
20. FILED V My 1. 6., 19 5.5 19 6 6 Della Registrar	(Address) Buy W. Judi Outer

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.-WRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING mation should be carefully supplied.

PHYSICIANS should state

V. S. No. 1 ź

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I,		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	7	VOC 3 1939	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar

	(130)
	Registration Dist. No. 2-65
	No. St., Ward
	ath occurred in a hospital or institution, give its NAME instead of street and number)
S	ds. How long in U.S. if of foreign birth?yrsmosds.
-	oel.
	St., Ward.
-11	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	M. DATE OF DEATH  (Month)  (Day)  (Year)
2	2.   HEREBY CERTIFY, That I attended deceased from
	broke June, 1933, to July 25, 1983
	I last saw held alive on Jensey 3, 19-33; death is said
	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Date of onset
-	malustralin 12mg
	are or term
-	
-	Other Coutributory Causes of importance:
_	
1	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
2	3. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?Oate of injury19
-	Where did injury occur?, 19
-	(Specify city or town, county and State)
-	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manage of Jajury
	Manner of injury
-	Nature of injury
- 2	4. Was disease or injury in any way related to occupation of deceased?
-	If so, specify
	(Signed) S. Hr M. D.
_	(Address) Crisqueld und
24	I. N. Charles Street, Baltimore, Requesting W.S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEVIEDER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07432
1. PLACE OF DEATH	
. County Somerset	Registration Dist, No.
Village or City Princess Once me	No. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlatte Louise	Eusen.
(a) Residence: No. Processo Quie ma	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 8 % 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert B. Pursey	1 HEREBY CERTIFY. That I attended deceased from 1933 to July 89 1933
6. DATE OF BIRTH (month, day, end year) oct. 17 1886	I (art saw h. C. V. alive on July 7 4, 19.8 3; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, of 14.A.m.
46 8 71 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade profession or particular	Here as follows. Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1000 Million
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation (month and	Releviti Z
SAW MILL, BANK, etc.	Children & Fives
and occupation (month and	
year) occupation 43 91	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	myscardelis /4!
(State or country)	
13. NAME David Harris  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country) Wales	Where did injury occur?
17, INFORMANT Robert 18. Ruser	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) frames auce md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Minero anne Oate 100, 1933	Nature of injury
19 UNDERTAKER m. R. watson & Borrs	24. Was disease or injury in any way related to occupation of deceased?
(Address) Process and, and.	If so, specify
20, FILEO July 9 19 33 J Murth	(Signed) June 105, Mual enox
20. FILEO	(Address) / Thinkless Country
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	· Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wates, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07433
1. PLACE OF DEATH	(22:0)
County Dominsot.	Registration Dist. No., 260
Village or City Islations (If	ME Clically Neurosca X St., Ward death occurred in a horpital or institution, give its NAME installed of street and number)
Langth of rasidanca in city or town where death occurredyrs,mos	ds. How long in U.S. if of foragen birth? yrs. mos. ds.
2. FULL NAME Ella Edua Prin	
(a) Residence: No. Weslim (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The second of the second or divorced (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of January & There	22. I HEREBY CERTIFY. That I attended daceased from plug 14 1933, to fully 18 1933
6. DATE OF BIRTH (month, day, and year) 1 Warany 1- 18 79	I last saw h De aliva on fully 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2, 96 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, atc	7 otruis. Alust. July 1633
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	
10. Data dacaased last workad at this occupation (month and yaar)	
12. BIRTHPLACE (city or town Frame Co md. (State or country)	Other Contributory Causes of Importance:
13. NAME filleain Homas Hasword.	Darle mellitus
13. NAME Silleau Homas Hasword.  14. BIRTHPLACE (city or town) Freduce Co mo.  (State or country)	Nama of operation strantfolio Hung. Date of July 16 3
15. MAIDEN NAME Mary. # Buttar	What test confirmed diagnosis? Was there an autopsy? La.  23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida? Date of Injury, 19
17. INFORMANT Laure & Price. (Addrass) western mo	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place for, access Med. Date July 70, 1938	Manner of injury Thanks:
19. UNDERTAKER M. L. Watton Sons (Addrass)	24. Was disaasa or injury in any way ralated to occupation of dacaasad?
20. FILED Dairy 18, 1933 & Smith	(Signad) Lenge Coullins. M. D.
Registrar.	(Address) . M. W. Lani M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	d of the state of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07434
1. PLACE OF DEATH	(82 a)
County Spralish	Registration Dist. No. 267
Village or City DAMES QUARTER, MD. (If	No. St. Ward
WES TOARTER, MD.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME (MUNICOLO DANCE	0
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 31 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
moule withing	July 25,1833, to 14 30,1933
6. DATE OF BIRTH (month, day, and year) ang 16 1872	1 last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 2 m
60 // /5 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Herripligat of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral & emorlian
9. Industry or business in which work wes done, es SILK MILL was saw MILL, BANK, etc	1
U 10. Date deceased last worked at / 11. Total time (years)	<b>/</b>
O this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) DAMES QUARTER, MD.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Hours allerous
13. NAME ANDER DAMEN SONOTOR	
I	Name of operation
14. BIRTHPLACE (city or town) MES QUARTER, MD. (Stete or country)	Name of operation Dete of  What test confirmed diegnosis? Was there en europsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
E CONTRACTOR	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mallie It led acc	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openly whether injury occurred in the botter, in traine, of the obelo tende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lang grange Dete July 3/1933	Nature of injury
2111111	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
DEALS ISLAND, MD // AA	(Signed) D. Dimlast M. D.
20. FILED 19 31, 19 33 W. J- Kelly Reistrar.	(Address) GHANCE MB
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County On link	Registration Dist. No. 2
Village or City DAMES OUT REED MID (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME (M39 Kebycka &	Simplains
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or diverged	21. DATE OF DEATH  JUL 2 1933 193 (Month) (Year)
HUSBAND of (or) WIFE of Cast les M. Simples  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceased from  A duridate  19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
83 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Earonie Parinchinatorio
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	77 9000000
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) DAMES QUARTER, MD (State or country)	Other Coutributory Causes of importance:
II 13. NAME ON COLO	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) filt in also the following:  Accident, suicide, or homicide?
17. INFORMANT ON SUNFACE (Address) DAMES	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 19 19	Nature of injury
19. UNDERTAKER Last Dashelf	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Mt Wenn Md	If so, specify
20. FILED July 1, 19 33 W. S. Kelly	(Signed) M. D. (Address) GHANCE, MD
despirat.	(11001000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

If mort blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Tarre de 1033	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	300	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU Y.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(40.0)	(131)		7 -	71
County Low	esset	App		Registration Di	st. No. 27	10
Village or City	field, IL.	FD	No.	tion give its NAME :	St.,	War
Length of residence in city or town where	death occurredyrs.	mos		f foreign birth?		
2. FULL NAME Down	elea M.	Ples	lung			
(a) Residence: No.	(Usual place of abode		St.,Ward.	If nonresident gi	ve city or town and	l State
PERSONAL AND STATIST	ICAL PARTICULA	RS	MEDICAL C	ERTIFICATE	OF DEATH	
SEX J. COLOR OR RACE	5. SINGLE, MARRIED, W OR DIVORCED (write	the word)	DATE OF DEATH	July (Month)	15-th (Day)	., 193.3 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Sterling	22	HEREBY	CERTIFY	That I attended	deceased fro
DATE OF BIRTH (month, day, and year)	Feb 23 rol 1	862 11	ast saw h alive on	il 1	1983	; death is sa
. AGE Years Months		. 1	have occurred on the date state	,	)m.	
71 4	///		e PRINCIPAL CAUSE OF DEAT are as follows:	H and related causes	of importance	Date of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tousewil.	0	mitel	egun	2. alen	
SAWYER, BOOKKEEPER, etc	Houses	hool		/		-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and	Dus	kes				
10. Data deceased last worked at this occupation (month and year)	11. Total time (yea spent in this occupation	S				
	16)		her Contributory Causes of impo	ortance:	0	
2. BIRTHPLACE (city or town) (State or country)	TIAL	0	lerone &	and the same		
13. NAME Albert	T. Wilson		- Jane			
14. BIRTHPLACE (city or town)	101	N:	ame of operation		Date of	
(State of country)	Sila.	w	hat test confirmed diagnosis?		Was there an	au!opsy?
15. MAIDEN NAME Mary	Reggen	23.	If death was due to external car	uses (VIOLENCE) fill i	n also the followin	g:
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	10 M	Ac	coldent, suicide, or homicide?	Da	te of injury	, 19
(State or country)	11-0.		here did Injury occur?	(Specify city or to	wn, county and Sta	ite)
7. INFORMANT Of addle	restand	M.f. SI	necify whether injury occurred I	n INDUSTRY, in HOM	E, or in PUBLIC PL	LACE.
(Address) (2) 18. BURIAL, CREMATION, OR REMOVAL	esquelye.	M M	anner of injury			
Place asbury Courseles	G Date July 18	1022	ature of Injury			
9. UNDERTAKER	recorn.	1 24.	Was disease or injury In any w	vay related to occupat	ion of deceased?	100
(Address)	restilla,	Ind. If	so, specify	1	<b>1</b>	
20. FILED July 18,1933. C	SE Col	eng	(Signed)	Klo	my x	
1		Registrar.	(Address)	eleck	of her	01:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	
1		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Moy 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attock of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

BINDING

V. S. No. 1

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	The same of the sa	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

C	PLACE OF DEATH		STATE OF CERTIFICATI	
	ge or City (No		Registration Registration St.: Ward	tal.
	PERSONAL AND STATISTICAL PARTICULAR	LARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	X 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Single	1 // /	/6 , 19235 (Day) (Year)
6 DA		, 1 <u>914</u> (Year)	17 I HEREBY CERTIFY, That I at	tended the deceased from
7 AG	19 3 4	If LESS than I day hrs. or min.?		
(a) par (b) bus	CUPATION Trade, profession or Carpenter ticular kind of work General nature of industry tiness, or establishment in ich employed or (employer)  Building	•••••••••••••••••••••••••••••••••••••••	Typlocid fever (Duration)	yrs mosds.
9 BIF	RTHPLACE (State or country)	1.d	Contributory Secondary  (Duration)	vrs. mos. de
1	o name of Vernon Tawes		(Signed) Source Me Per	ton M.D.
N -	OF FATHER (State or country)	Id.	*State the Disease Causing Death, Violent Causes, state (1) Means of It Accidental. Suicidal or Homicidal.	Oor, in deaths from
PAR	of MOTHER Cecil Clark		1B LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
1	S BIRTHPLACE OF MOTHER (State or Country)	d	At place In the	teyrsds,
	(Informant) Person James  (Address) Purful or	DGE	if not at place of dea.h?	DATE OF BURIAL July 18 33
15 F	// //	Registrar	20 UN DEBTAKER  JOHN ABradsfan  7, 16 W. Saratoga St., Balto., Requesting V.	Curofull Ind
	// If more blanks are needed, address 21	tate Kegistrar	, to w. Daratoga Dt., Daito., Requesting v.	J, 1.0. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Physician, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY Whooping cough; Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Committee on Nomenclature of the Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07440
1. PLACE OF DEATH	93-6
County Somewell as	Registration Dist. No. 270
Village or City Lingfield St. F.	4. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds flow long in U.S. if of foreign birth?
2. FULL NAME Maria Elizabel	Thomason.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX J. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Jap, E, Thomson	22.   HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) March 29th 1844	I fat saw h
7. AGE Years Months Days ( If LESS than 1 day,	to have occurred on the date stated above, at 1920 a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Source Debett Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Carterio Selerores Con
D. Date deceased last worked at this occupation (month and year)	Dialototion .
12. BIRTHPLACE (city or town) Somewhere Co ,1  (State or country)	Other Contributory Causes of importance: Dweaten: unknown.
13. NAME William Herling	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis Was there an autopsylvo
15. MAIDEN NAME Sallie Nelson	23. If death was due to external causes (VIDLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mas Upshur Melbourne (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place as hency Cercelegy Date July 9, 1933	Manner of injury
19. UNDERTAKER CALLED AND CALLED	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 9, 19 33 CE Colling Registrar.	(Sigfed) — M. O. O. O. O. M. D. (Address) O. A. D. O.
	24 T. N. Charles Street Baltimore Requester 7) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

BINDING

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
d cause of death and related causes to were as follows:	Date of onset
psy	1 week ago
reet car	1 week ago
	3 days ago
outory causes of importance.	16
To a	Fyeor
12 3	T S
I	ENTS BY PHYSICIAN

V. S. No. 1 ä

STATE	OF	MARYLAND-CERTIFICATE OF DEA	TH
O1/11 =	OI	MARILAND CERTIFICATE OF DEA	4 1 1

	1	my	1	A	3
1	U	4	4	*	27

	1. PLACE OF DEATH	
	County Sorpunet	Registration Dist. No. 270
1	Village or City of devering and	No. St Word
(	Length of residence in city or town where death occurred 43 yrs 8 mps	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. Hospitong in U.S. if of foreign birth?
	2 FULL NAME George Hanon	Wellin
	(a) Residence: No. Lawsonin Dud	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX  1. COLOR OR RACE  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word)  1. Married Married  1. COLOR OR RACE  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word)	21. DATE OF DEATH July 11 193 3
	5a. If married, widowed, or divorced HUSBAND of	(Monyli) (Day) (Year)
	(or) WIFE of Grace Welliams	22. I HEREBY CERTIFY, That I attended deceased from
· ·	6. DATE OF BIRTH (month, day, and year) Oct 23 1889	I lasysaw here alive on July (1933; death is said
certificate	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
rtii	43 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, Crubby SAWYER, BOOKKEPER, etc.	abscers of lung bate of onset
	SAWYER, BOOKKEEPER, etc.	[ Left ) / /3:
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the company).	
ou s	11. Total time (years) this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town) Cambridge my	Other Coutributory Causes of importance:
tru	(State or country)	
	13. NAME William Mornas William	
See	14. BIRTHPLACE (city or town) Laurence Duffer (State or country)	Name of operation Date of
. 1	El July Oa Mill	What test confirmed diagnosis? 2 2 Over 4 - Was there an autopsy?
tan	H M	23. If death was due to external causes (VIOL ENCE) fill in also the following:
important	O 16. BIRTHPLACE (city or town) & auchor lund (State or country)	Accident, suicide, or homicide? Date of injury, 19
	17. INFORMANT Kate yours	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Cardyon Und,  18. BURIAL, CREMATION, OR REMOVAL	
2	Place Lawsonia Com Date July 13, 1933	Manner of injury
LION	19. UNDERTAKER John a Bradstan	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Cuful and	If so, specify Af A A
1	20. FILED Merly 13, 1933. E Exelling	(Signed) / A Durlley M.D.
0	Registrar.	(Address) 40 9 W. M. M. Corp. Confreday,
	If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Andrew Comments	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 6501 = -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH ()7444
1. PLACE OF DEATH	
County Lowerset	Registration Dist. No. 263
Village Dr City Esseers Essee Plus	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Back Willey	
(a) Residence: No. (Usual place of abode)	Signature Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED rurite the word	21. DATE OF DEATH  (Moffin) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) ackip. 134/93	Viast saw R P elive on Jell 6 1, 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end spart) spart in this occupation occupation	Referred Bridge
12. BIRTHPLACE (cily or town)  (State or country)  (State or country)	Dther Contributory Causes of importance:
13. NAME Fred Wills  14. BIRTHPLACE (city or town)  (State or country)	
(State of country)	Name of operation
15. MAIDEN NAME Scelheine Clickery	It death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Scalle & Clipbran  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Fresh Willy (Address)	(Specify dr or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mit. Of Smer Date 1933	Manner of InjuryNature of injury
19. UNDERTAKER Galter Bonnes 199. 77 20	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED 1933. Stephen O Top Registrar.	(Signed) The Dille M. D.  (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year